

Pure Resolutions LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/11/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI left knee without contrast

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Chiropractor

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Chronic pain management report 07/30/12

Clinic notes treatment clinic 03/08/10-07/16/10

Clinic note Dr. 08/02/12

Preauthorization review dated 06/29/12

Independent medical evaluation dated 07/20/12

Functional capacity evaluation dated 11/02/11

Operative report dated 09/08/11

Clinic note Dr. dated 04/01/10

Clinic note Dr. 04/08/11

Clinic note Dr. 02/29/12

Clinic notes D.C. 07/17/12-08/21/12

Prior reviews 08/21/12 and 08/28/12

Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who sustained an injury on xx/xx/xx when she twisted her right knee. The patient is status post right knee arthroscopy with partial medial and lateral meniscectomy and chondroplasty with lateral release completed on 09/08/11. The patient is status post chronic pain management and underwent several viscosupplementation

injections. The independent medical evaluation dated 07/20/12 identified some loss of range of motion in right knee on flexion to 120 degrees. No instability was noted and there was moderate crepitation present with flexion / extension in right knee. No further treatment was recommended by independent medical evaluator. Clinical evaluation by D.C. dated 08/01/12 stated the patient continued to report bilateral knee pain, right worse than left despite chronic pain management. Physical examination on this date revealed tenderness to palpation in left knee at lateral portion. Range of motion was restricted to 90 degrees flexion and there was 5 degree extension lag. MRI studies of left knee were recommended to rule out pathology. Follow-up on 08/21/12 indicated the patient continued to report left knee pain. Physical examination was unchanged for the left knee.

The request for MRI of the left knee was denied by utilization review on 08/21/12 as the patient had no evidence of left knee injuries and had reached MMI with completion of chronic pain management program.

The request was again denied by utilization review on 08/20/12 as there was no evidence of acute injury to left knee and no prior record or radiographic findings.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for MRI of the left knee is not recommended as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The clinical documentation submitted for review does not indicate the patient sustained any direct trauma to left knee that would reasonably require imaging studies. The patient has undergone extensive treatment to include tertiary level chronic pain management programs. There are no prior radiographs of left knee suggesting any focal trauma to left knee to reasonably require additional MRI studies. Additionally, the patient's physical examination findings did not reveal any positive orthopedic findings in left knee to suggest internal derangement to require MRI studies. As the clinical information submitted for review does not meet guideline recommendations for requested MRI of left knee, medical necessity is not established and prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES